

Office of the Georgia Secretary of State Securities & Charities Division

Registrant #:
Effective Date:
Expiration Date:

CHARITABLE ORGANIZATION RENEWAL NOTICE

Pursuant to The Georgia Charitable Solicitations Act of 1988, charitable organization registrations in Georgia are effective for twenty-four (24) months. The charitable organization's current registration expires on the date indicated above. Documents and payments to renew the registration for another term may be submitted using the Online Charities Renewal portal, available at sos.ga.gov/charities. Respond in full to the following requests for documents and information to complete the renewal application:

Item 1: Sign and submit this notice along with the \$20.00 fee payment. Payment may be made by secure credit card transaction if renewing

online o	r by chec	k or n	money order payable to the "Georgia Secretary of St	te" if renewing by mail.
Item 2: Has the charitable organization received or collected any charitable contributions during its preceding two (2) fiscal				e contributions during its preceding two (2) fiscal years?
			☐ Yes. If "Yes", submit <u>financial disclosures</u> acc ☐ No. If "No", financial disclosures are <u>not requ</u>	•
Item 3:	Submit f	inanc	cial statements reporting the preceding two (2) fiscal	years, unless previously filed. Check each that applies:
		A.	If the organization received or collected more that statement (certified by an independent certified pu	n \$1,000,000.00 in a given year, submit a <u>certified financial</u>
		B.	If the organization received more than \$500,000.0	0 but not more than \$1,000,000.00 in a given year, submit a pendent certified public accountant) for each such year.
		C.	If the organization has received or collected not statement for each such year. The financial statem	more than \$500,000.00 in a given year, submit a <u>financial</u> ent need not be either certified or reviewed.
		D.		r charitable contributions in a given year, submit a written r that year. *Not required if you responded "No" to Item #2.
Item 4:	Submit 1	federa	al tax filing forms reporting the preceding two (2) fis	al years, unless previously filed. Check each that applies:
		A.	If the organization filed on the IRS Form 990 or 9 submit an IRS Form 990 or 990-EZ in full, signed	200-EZ (and not on any other tax filing form) for a given year, and completed, for each such year.
		В.	,	90-PF, 990-T, or any tax filing form other than the IRS Form 990 C-200 in full, signed and completed, for each such year.
Item 5:	Submit 1	names	s of all paid solicitors used in Georgia during the pre	ceding registration term. If not applicable, check here: \Box
Item 6:	*The filin	e chai g an c	ritable organization is under a continuing duty to up	less already filed. If none since last filing, check here: date records on file with the Secretary of State. This includes ole of a material change would include, but it not limited to, any
person o	of the org	ganiza		ed) and a <u>Secure and Verifiable Document</u> for each new controlired only for control persons who have not previously submitted filed, check here:
Under	penalty of	of per	jury, I swear and affirm that the information provid	ed in this application is correct to the best of my knowledge.
Signa	ture of C	Contr	rol Person:	Date:



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AFFIDAVIT REGARDING CITIZENSHIP

Georgia law requires that the Charities Division verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. Amendments to O.C.G.A. § 50-36-1 became effective January 1, 2012 that require all applicants for licensure, and all those applying for renewal of an existing license, to submit "secure and verifiable documentation" with their application. A list of the approved Secure and Verifiable Documents may be found on the Georgia Secretary of State's website at sos.ga.gov/admin/files/svd2013.pdf. If you received your license while residing outside the U.S. and are still living outside the U.S., federal law dictates that your license will be renewed. See O.C.G.A. §50-36-1.

*If you are a qualified alien, please submit a copy of your qualified alien documentation to the Division office. Please submit this document along with a copy of your Secure & Verifiable Document ("SVD") to the Board office as indicated on the application and in the sections below. Registrant Name: Registrant #: APPLICANT AFFIDAVIT: I swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules, as amended from time to time. By signing this application, I hereby swear and affirm one of the following to be true and accurate, pursuant to O.C.G.A. § 50-36-1. Check one of the following: "I am a United States citizen 18 years of age or older." Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on the Board's website or by the Georgia Attorney General. "I am not a United States citizen but I am a legal permanent resident of the United States 18 years of age or older or a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number from the Department of Homeland Security or other federal immigration agency." Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number. In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure and/or criminal prosecution. Affiant's Signature Date Personally appeared before me, the undersigned official authorized to administer oaths, comes (Affiant's Printed Name)__ who deposes and swears that he/she is the person who executed this affidavit for a license by examination in the State of Georgia, and that all of the statements herein contained are true to the best of his/her knowledge and belief. Sworn to and subscribed before me this ______day of _______, 20_____. Notary Public My commission expires:

(Notary Seal)